

STATEWIDE PROGRAM STANDING COMMITTEE FOR ADULT MENTAL HEALTH

NOTES FOR MEETING OF May 14, 2007

Members Present: Kitty Gallagher, George Karabakakis, Clare Munat, Marty Roberts, and Jim Walsh

DMH Staff: Melinda Murtaugh, Frank Reed, Terry Rowe, and Evan Smith

Others: Richard Allain, Anne Donahue, Lise Ewald, Linda Kramer, and Roy Riddle

Marty Roberts facilitated today's meeting. George Karabakakis talked for a few minutes about the work of the Standing Committee, its sphere of interests, and its responsibilities. After introductions, Marty reviewed the agenda. Standing Committee members accepted the notes on the April 9 meeting as written.

Report on Second Spring: Roy Riddle

The Second Spring Community Recovery Residence, in Williamstown, is the first new community-based facility opened as a result of planning under the Vermont State Hospital (VSH) Futures Project. Roy Riddle is the director. The residence is operated by the Collaborative Solutions Corporation, a consortium of three of Vermont's designated agencies (DAs) for mental-health services: Washington County Mental Health Services, the Howard Center for Human Services, and the Clara Martin Center.

Second Spring opened a week ago and has now accepted its first four clients from VSH. Residency in the program is voluntary. Eventually it will serve between eleven and fourteen people with long-term stays at the Vermont State Hospital. The program is designed to help individuals who have experienced long-term psychiatric hospitalization to return to their home communities in Vermont.

Exact length of stay for clients of Second Spring will probably be around a year or a year and a half, Roy said—although it is difficult to be precise, he continued, because the place has not been open for very long. Residents are Community Rehabilitation and Treatment (CRT) clients, Roy went on, and so discharge planning for them starts when they arrive. Case managers from DAs are to be invited to treatment team meetings at least monthly, or more frequently if they want to attend.

Second Spring will offer a wide range of services and supports—vocational assistance, case management, peer counseling, recovery education, and others according to the wants and needs of individual clients—Roy told the Standing Committee. Major emphasis will be on recovery orientation, trauma-informed approaches, and evidence-based practices. Residential staffing includes both professionals and peers who have received two weeks of specialized training that

included recovery education (offered by Marty Roberts), NAPPI (non-abusive physical and psychological intervention), and other components for this level of care. Staff will be on site 24 hours a day, seven days a week.

Public Comment

Psychiatric medications raise issues in regard to the voluntary nature of Second Spring. Anne Donahue pointed out the contradiction that she sees between the program's emphasis on individual choice and decision-making about all services offered, including medication, and the facility's contractual obligation to see that all residents take their prescribed medications. In her view, if Second Spring staff members do not personally observe each person taking medications as prescribed, then the residence could be held in violation of its contract with the state. It is a "clear, explicit" requirement of the contract, she said.

Second Spring (continued)

In response to a question about a model for Second Spring, Roy and Linda Kramer said that they did not know of another program quite like it. It may be the only one of its kind in the country.

Second Spring has a Community Advisory Group that meets monthly. Local residents and other interested people are welcome to be on it. Contacts are Hillary Cole (433-5920) and Laurie Curtis (229-5295).

Report of the Membership Subcommittee

David Mitchell has resigned from the Standing Committee, and Sue Powers plans to resign because of the demands of her job in Burlington. Thus the Standing Committee has two additional vacancies to fill. George Karabakakis will take membership materials to the Local Program Standing Committee meeting in Southeastern Vermont to see if someone from that part of the state is interested in the Statewide Committee's work.

Marty Roberts, already a member of the Standing Committee, is applying for another three-year term. The full Standing Committee unanimously approved the recommendation of the Membership Subcommittee that Governor Douglas reappoint Marty. The full Standing Committee also unanimously approved of inviting prospective member Lise Ewald to join. Clare Munat, another current member whose term has expired, plans to apply for another term.

The Vermont Integrated Services Initiative (VISI): Evan Smith

Evan Smith provided a brief introduction to Vermont's Integrated Services Initiative (VISI) for individuals with co-occurring disorders of mental illness and substance abuse. VISI is actually an umbrella for three grants that all deal with aspects of integrated treatment for different populations with co-occurring conditions: the Adolescent Treatment Enhancement Grant, focusing on juveniles; the Community Action Grant, building consensus and offering training for implementing the Comprehensive Continuous Integrated System of Care (CCISC) model for adults with severe and persistent mental illness in Community Rehabilitation and Treatment (CRT)

programs; and the Co-occurring State Incentive Grant (COSIG), extending the implementation of integrated treatment to other adults with co-occurring disorders. VISI is also a partnership with providers in the community, Evan said.

The initiative has a Steering Committee and four work groups for information systems, work-force development, clinical practices, and financial planning. VISI's ultimate goal is for the system of care to be "welcoming, accessible, integrated, continuous and comprehensive in its delivery of mental health, substance abuse, and primary care.

Vermont State Hospital Report: Terry Rowe

- ◆ An offer has been made to fill VSH's position for a patient representative; Terry is awaiting a reply.
- ◆ Important lessons from a recent summit meeting for State Hospital administrators sponsored by the National Association of State Mental Health Program Directors (NASMHPD):
 - Consumers need to be strong participants in inpatient care. Send Terry any ideas you may have on how to be more effective in this area.
 - Overall, statistics show that someone with a mental illness has a life expectancy that is 25 years less than the general population. Terry is undertaking two major initiatives at VSH to make health a priority: (1) heart-healthy meals for all patients and (2) a no-smoking policy for both patients and staff.
- ◆ Two VSH positions have recently been posted, one for a Director of Education and Training and another for a substance-abuse clinician.
- ◆ The State Hospital has hired a Chief of Therapeutic Services. He will be responsible for implementing an evidence-based model for treatment at the State Hospital.
- ◆ The Fiscal Year 2008 state budget includes two more Information Technology positions for VSH.
- ◆ New software (now or soon to be) at VSH includes:
 - A package for risk assessment and management (it is the same as that used by the Health Department for patient safety)
 - The Clinical Research Information System, or CRIS, for electronic medical records
- ◆ Recent meetings between VSH and the Department of Disabilities, Aging, and Independent Living (DAIL) have focused on patients who require nursing home-level care as well as patients with mental illness who cannot live in a traditional nursing-home setting. Planning looks toward the development of capacity in a specialized nursing home with a unit for patients with these particular needs.
- ◆ VSH is partnering with the Department for Children and Families around applying for Medicaid benefits as patients leave the State Hospital so as to avoid a gap in coverage once individuals are in the community again.
- ◆ Department of Justice (DOJ) consultants will be returning to VSH in June for another site visit to assess progress toward meeting the goals addressed in the agreement with DOJ. The State Hospital has made arrangements with JCAHO (Joint Commission on Accreditation of Healthcare Organizations) Research to have a mock inspection to assess the hospital's conformance with JCAHO standards.

Public Comment

Anne asked if any progress has been made on resolving the confidentiality issues posed by CRIS electronic records. Terry said that she did not know, although she acknowledged the concerns of many in regard to protecting patient privacy. Anne observed that access to medical records for research purposes still requires approval by an Institutional Review Board (IRB).

Vermont State Hospital Report (continued)

Terry returned to the subject of smoking as a very controversial issue. Earlier she had characterized smoking as the “single most-modifiable health risk” as justification for VSH to take a stand on it. She added information on findings from new studies that correlate smoking with higher use of seclusion and restraint in psychiatric hospitals. Kitty Gallagher asked about medications to help people quit smoking. Terry replied that there is a broader question about the kinds of supports that could be offered to people leaving VSH to sustain smoking cessation in the community. There is a possibility of additional anti-tobacco dollars to become available from the Vermont Department of Health in July.

Public Comment

Recovery Celebration in Washington County. Marty distributed announcements of the seventh annual Recovery Celebration, sponsored by Washington County Mental Health, to be held on Wednesday, May 30, 2007, at the Bethany Church on Main Street in Montpelier. Time is from 9:00 in the morning until 1:30 in the afternoon. The theme this year is “Sharing Our Hopes and Dreams.” Anyone wishing to go should contact Elizabeth O’Neill or Kathy Perry at the Sunrise Recovery Center by May 15. Telephone: 223-7544.

NAMI—VT Walk in Montpelier. The National Alliance for Mental Illness of Vermont will conduct its first annual walk in Vermont on May 19, in Montpelier. The walk will start at the State House at 9:30 a.m. The purpose of the event is to raise awareness of mental illness and attract support for NAMI’s anti-stigma campaign.

Updates from Anne:

- ❖ A variety of legislative activities on mental-health issues:
 - ★ Commissioner’s/screener’s recommendation on location of psychiatric examinations of defendants in criminal cases prevails over court’s preference; also, these psychiatric examinations may be conducted in designated hospitals in addition to the Vermont State Hospital or the community.
 - ★ Passage of legislation calling for independent consultants to study all options for the VSH Futures Project: a preliminary report is due in September, final in November.
 - ★ The Joint Corrections Oversight Committee will review mental-health issues as related to Corrections over the summer.
 - ★ The Futures Advisory Committee was abolished; a new Advisory Council on Mental Health Services Transformation, to include consumers and their family members, was created.

- ✪ The new focus of the Mental Health Oversight Committee is the mental-health system as a whole.
- ✪ The Department of Mental Health is to be re-established. The new department will have both a commissioner and a deputy commissioner.
- ❖ Anne is on a federal committee to determine whether regulations or laws or similar measures are necessary for people with “decisional impairment.” There are no standards consistent around the country for Institutional Review Boards to follow. The committee is also considering the issue of legally appointed representatives and their role in decision-making. The majority of states do not have laws specific to research, Anne said.
- ❖ The Vermont State Employees Association has filed an appeal to the Vermont Supreme Court over the approval by the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA) of the conceptual certificate of need (CCON) for the Vermont State Hospital Futures Project.
- ❖ All state salaries are now matters of public record. They are posted on the Website of *The Burlington Free Press*.
- ❖ The Senate version of parity legislation at the federal level is troubling, Anne said, because the federal measure would take precedence over state laws.
- ❖ The Senate passed a bill providing that income for adult foster care be counted as income for property tax purposes, but, through a set of convoluted circumstances, there is some question as to whether or not the Governor might veto it. Advocates are mounting a big public-relations campaign assuming that the Governor would not veto the bill.

Re-designation of the Clara Martin Center (CMC): Preliminary Discussion

For clarification: Please note that Section 4.18 of the re-designation report is misnumbered as 4.15, and it may be found on page 8 under Adult Mental Health.

Marty remembered from her program review site visit in Randolph that CMC had a number of grievances and appeals, but they tended to be resolved internally. CMC is a really interesting agency, she continued—small, with a large geographic area to cover (and the agency covers it fairly well). CMC has a branch office in Bradford; the family program there is strong, Marty added. Staff work together well and have a good system for coordinating the work that needs to be done. CMC makes good use of available resources.

On the other hand, Marty noted, consumer participation and recovery orientation just do not seem to be present. The lack of support from the CRT leadership for recovery and meaningful participation by consumers is obvious and problematic, in Marty’s view. On the more positive side again, Marty recognized a lot of good support activities on the part of case managers. There has been much talk of a consumer drop-in center in the agency’s new building on Main Street in Randolph, she said. Dialectical Behavioral Therapy (DBT) is a small program, but at least the agency does have a program. Emergency Services coverage is shared with Washington County Mental Health Services.

Frank Reed offered that CMC also contracts for fluctuating demands in its Adult Outpatient services; it is a model that has worked well for this agency. Frank summarized the questions

raised by the standing committee members today, that CMC should have an opportunity to address in more detail at the next standing committee meeting, including:

- Recovery education and training at CMC
- Standing Committee's role at CMC
- Consumer involvement in treatment planning
- Collaboration with Safe Haven
- Information on co-occurring services;
- Status of their Emergency Services vacancies

Division of Mental Health Update: Frank Reed

- ∞ Beth Tanzman would like to come to the June meeting of the Standing Committee to talk about a recent conference sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Technical assistance is available on such topics as peer services and initiatives, consumer-directed treatment planning, consumer involvement, and how to maximize consumer and family involvement. Details to come.
- ∞ DMH is working with a DA work group on case rate methodology, what is working well and what is not. The work will lead to recommendations for changes. Frank will keep the Standing Committee informed.
- ∞ DMH will hold a planning retreat on Tuesday, May 15, 2007, to brainstorm around reorganizing as a department.
- ∞ Jennifer Eads, DMH's new Quality Management Chief, has left to move to Colorado. The Adult Unit will be recruiting again soon.
- ∞ Kevin McKivergan has joined the Adult Unit's Acute Care Team.
- ∞ Information collection is beginning on the report from the independent consultants on the VSH Futures Project.

Agenda Topics for June 11

- ▶ Introductions, review of agenda, approval of notes
- ▶ Finishing discussion of re-designation of CMC, formulation of recommendation to the Commissioner
- ▶ Technical assistance on peer initiatives/issues: Beth Tanzman
- ▶ Advance directives: Jessica Oski
- ▶ Transportation report – Deputy Commissioner Hartman/Frank Reed
- ▶ VSH report: Terry Rowe
- ▶ Division updates: Frank Reed

Additional possible topics for future meetings include:

- ▶ Presentation on trauma: Margaret Joyal
- ▶ Presentation on Safe Haven: Someone from Safe Haven